

<b>POLICY TITLE: Telecommuting</b>		<b>PAGE 1 OF 9</b>
	<b>CHILD AND FAMILY SERVICES AGENCY</b> <b>Approved by: <u>Brenda Donald</u></b> Agency Director  <b>Date: <u>October 31, 2012</u></b>	<b>REVISION HISTORY:</b>
<b>LATEST REVISION:</b> October 31, 2012	<b>EFFECTIVE DATE:</b> October 31, 2012	

<b>I. AUTHORITY</b>	The Director of Child and Family Services Agency (CFSA) adopts this policy to be consistent with CFSA's mission and applicable federal and District of Columbia laws, rules and regulations, including the DC Official Code § 1-612.01 et. seq. (2006 Repl.) and 6 DCMR § B1200 et. seq. (Hours of Work, Legal Holidays, and Leave), and the Health Insurance Portability and Accountability Act (HIPAA), Security Rule, 45 CFR Part 160 and Subparts A and C of Part 164.
<b>II. APPLICABILITY</b>	This policy applies to all CFSA employees.
<b>III. RATIONALE</b>	Telecommuting provides a flexible and innovative alternative work arrangement for employees, and enables employees to perform their assigned work outside the office, generally within their homes, which eliminates the need for employees to commute daily to their offices. Research studies indicate that telecommuting can increase employee morale, productivity, and retention rates. Therefore, CFSA expects that implementation of a telecommuting policy will enhance the overall capacity of its workforce to achieve the desired outcomes as set forth by CFSA's mission and vision. Lastly, it is expected that telecommuting can reduce office space needs, and assist with CFSA Continuity of Operations Plan (COOP) and Information Security Contingency Plan.
<b>IV. POLICY</b>	<p>The purpose of this policy is to set forth procedures for CFSA's Telecommuting Program. The program shall allow participating employees to work at alternative worksites, including their home, on a regularly-scheduled basis, based on the needs of the workforce and without diminishing employee performance.</p> <p>Telecommuting may not be appropriate for all employees or all positions. No employee is entitled to or guaranteed the opportunity to telecommute. Offering the opportunity to work at an alternative worksite is a management option, based on the discretion of the employee's immediate supervisor and program manager. Approval of the administrator shall be required. An employee's participation is strictly voluntary. Informal telecommuting arrangements are prohibited.</p>

<b>V. CONTENTS</b>	<ul style="list-style-type: none"> <li>A. Eligibility Criteria</li> <li>B. Exclusions</li> <li>C. Application, Approval, and Appeal Process</li> <li>D. General Requirements</li> <li>E. Equipment Requirement for Telecommuting</li> <li>F. Inspections</li> <li>G. Responsibilities of the Agency Telecommuting Program Coordinator</li> </ul>
<b>VI. ATTACHMENTS</b>	<ul style="list-style-type: none"> <li>A. Definitions</li> <li>B. CFSA Computer Requirements and Recommendations</li> <li>C. Telecommuting Application</li> <li>D. Telecommuting Work Agreement</li> <li>E. Telecommuting Status Report</li> <li>F. Request for Review of Application</li> </ul>
<b>VII. PROCEDURES</b>	<p><b>Procedure A: Eligibility Criteria</b></p> <p>Telecommuting (also known as teleworking) is a voluntary, cooperative agreement between a supervisor and an employee whereby the employee may perform his or her work duties at a site other than the employee's central workplace location.</p> <ol style="list-style-type: none"> <li>1. Any Telecommuting Work Agreements between a CFSA employee and supervisor shall be based upon the following criteria: <ul style="list-style-type: none"> <li>a. Needs of the administration</li> <li>b. Past and present level of an employee's performance</li> <li>c. Approval of the employee's administrator</li> <li>d. An employee's access to equipment that is compatible with CFSA-recommended and required hardware/software, including high-speed internet, home computer, facsimile machine, and telephone or cell phone needs</li> <li>e. Compliance with HIPAA policies and procedures</li> </ul> </li> <li>2. To be considered for telecommuting, employees must have received an official performance rating of at least "Valued Performer" on their most recent performance evaluation. Managers shall use discretion concerning the approval of telecommuting for employees who, for whatever reason, have not received an official performance rating. <p><i>Note: an employee cannot be under any disciplinary action at the time of the application.</i></p> </li> <li>3. Employees must satisfy the minimum computer requirements listed in Attachment B.</li> <li>4. Positions best suited for telecommuting are positions where the following qualifications are applicable: <ul style="list-style-type: none"> <li>a. Job tasks are quantifiable, primarily project or direct-service oriented, telephone intensive, computer-oriented.</li> <li>b. Assigned work activities can be accommodated working away from the central worksite with equal efficiency as if they were performed at the central worksite.</li> </ul> </li> </ol>

<b>POLICY NUMBER/TITLE</b>	<b>CHAPTER NUMBER/TITLE</b>	<b>PAGE NUMBER</b>
Telecommuting	General Administrative Policies	Page 2 of 9

	<ul style="list-style-type: none"> <li>c. Daily unscheduled face-to-face contact with other employees, supervisors, or the public is not required in the current work location.</li> <li>d. Meetings can be scheduled without inconveniencing or impairing the performance of co-workers.</li> </ul> <p>5. A supervisor shall consider the following “characteristics” in determining whether the nature of the work is suitable for telecommuting:</p> <ul style="list-style-type: none"> <li>a. Level of supervision required for the specific work</li> <li>b. Amount of face-to-face contact required with other employees</li> <li>c. Any required telephone communications</li> <li>d. In-office reference materials or computer network data files needed to competently perform the job</li> </ul> <p>6. In determining whether the employee’s personal work habits are suitable, the following qualifiers shall be considered:</p> <ul style="list-style-type: none"> <li>a. Amount of supervision or frequency of feedback needed</li> <li>b. Quality of organization and planning skills</li> <li>c. Importance of co-workers’ input to work function</li> <li>d. Amount of discipline required concerning duties</li> <li>e. Reliability concerning work hours</li> <li>f. Desire or need to be around people</li> <li>g. Desire or need for flexibility for any reason</li> <li>h. Quality of work performance or productivity</li> </ul> <p>7. A deputy director may request that his or her administration, division, or unit be excluded from the Telecommuting Program. <i>(For more information, see Procedure B: Exclusions below)</i></p>
	<p><b>Procedure B: Exclusions</b></p> <p>1. Due to the unique requirements for serving the child welfare population, and dependent upon the operations of individual CFSA administrations, a deputy director may request that his or her administration or division be excluded from the Telecommuting Program.</p> <ul style="list-style-type: none"> <li>a. All requests for exclusion shall be forwarded in writing to the Human Resources Administrator for review and approval.</li> <li>b. All requests shall justify the exclusion by detailing how the telecommuting would interfere with that particular administration’s ability to function effectively, or to meet specific CFSA goals and/or Implementation Plan benchmarks.</li> </ul> <p>2. Similarly, due to the unique job requirements for serving the child welfare population, some employees may be constrained or be unable to work their desired telecommuting schedule. Supervisors and managers shall make every effort to accommodate staff when such constraints are evident, without compromising the goals of the CFSA.</p>

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Telecommuting	General Administrative Policies	Page 3 of 9

**Procedure C: Application, Approval and Appeal Process**

1. An eligible employee shall complete the “Request for Telecommuting Application” (Attachment C), and forward the original (signed and dated) to his or her immediate supervisor for review and approval.
2. The employee’s supervisor shall review and approve/deny the employee’s application for the Telecommuting Program within 5 business days from the time of submittal.
3. If the request is denied, the employee may appeal to the Deputy Director if he or she does not agree with the decision. (See item 11 of this Procedure for more information regarding the appeal process.)
4. A supervisor’s denial of an employee’s participation in the Telecommuting Program shall not be for personal reasons. Reasons for denials may include, but are not limited to the following circumstances:
  - a. When a determination is made that CFSA or a program within CFSA would be substantially disrupted from carrying out its functions
  - b. If CFSA would incur additional costs because of an employee’s participation.
  - c. The employee receives an official performance rating of “Marginal” or “Needs Improvement”.
  - d. The employee is under disciplinary action at the time of the application.
  - e. The employee is unable to satisfy the CFSA computer requirements (see Attachment B), or the terms of the Telecommuting Work Agreement (Attachment D).
  - f. Due to current staffing, the employee is needed for on-site coverage.
5. If the request is approved, the employee and the supervisor shall complete the “Telecommuting Work Agreement” (Attachment D).
6. Telecommuting Work Agreements may be terminated or modified at any time either by the employee, the immediate supervisor, or the administrator (although it is recommended that 2 weeks notice be given if possible).
7. An employee wishing to modify or terminate the Telecommuting Work Agreement shall submit a written request to the supervisor. The supervisor shall approve or deny the request within 5 business days of submittal. The employee may appeal to the Deputy Director if he or she does not agree with the decision.
8. The supervisor’s denial, modification, or termination of an employee’s participation in the Telecommuting Program shall be justified through written documentation. Actions by managers and supervisors shall not be frivolous, discriminatory, retaliatory, arbitrary or capricious.

<b>POLICY NUMBER/TITLE</b>	<b>CHAPTER NUMBER/TITLE</b>	<b>PAGE NUMBER</b>
Telecommuting	General Administrative Policies	Page 4 of 9

	<p>9. Whenever the employee’s supervisor determines that the approval for telecommuting is to be terminated, the employee and the appropriate labor management organization shall be given at least 2 weeks written notice of the termination, whenever possible. A supervisor shall document instances where emergency circumstances prevented such notification to the employee.</p> <p>10. The following are examples of reasons for modifying or terminating a Telecommuting Work Agreement:</p> <ul style="list-style-type: none"> <li>a. The participant is reassigned to another supervisor, unit or administration that does not participate in the Telecommuting Program.</li> <li>b. The participant is reassigned to a different position.</li> <li>c. The participant no longer satisfies the CFSA computer requirements (see Attachment B), or the terms of the Telecommuting Work Agreement (Attachment D).</li> <li>d. The participant’s productivity decreases in quantity or quality, or negatively impacts CFSA’s output.</li> <li>e. The participant receives an official performance rating of “Marginal” or “Needs Improvement”.</li> <li>f. Changes in staffing or workload within the participant’s unit.</li> <li>g. Assignments or projects are not completed within the agreed-upon timeframes (if the delays are within the participant’s control).</li> <li>h. Assignments or projects change.</li> <li>i. The participant repeatedly fails to be accessible either by telephone or e-mail during the agreed-upon work schedule, or other similar reasons.</li> <li>j. A determination is made that assignments or projects contain sensitive or confidential information that would create an unacceptable risk or actions taken by the telecommuter results in a violation of the HIPPA policies and procedures or other applicable security or Privacy Act requirements.</li> </ul> <p>11. If a supervisor denies, modifies or terminates a Telecommuting Work Agreement, the employee may appeal to the Deputy Director of that particular administration within 5 business days of receipt of the written notification of the denial, modification, or termination. (<i>See Attachment F: Request for Review of Application</i>)</p> <ul style="list-style-type: none"> <li>a. The employee shall remain on his/her telecommuting schedule until the Deputy Director’s decision is issued.</li> <li>b. The Deputy Director’s decision shall be rendered within 10 business days of receipt of the employee’s appeal. This decision shall be final.</li> <li>c. Upon the termination of the Telecommuting Work Agreement, the employee shall return to the tour of duty that existed prior to receiving approval to participate in the Telecommuting Program, unless the tour of duty has been changed by the employee’s supervisor in accordance with applicable rules and procedures.</li> </ul>
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<b>POLICY NUMBER/TITLE</b>	<b>CHAPTER NUMBER/TITLE</b>	<b>PAGE NUMBER</b>
Telecommuting	General Administrative Policies	Page 5 of 9

### **Procedure D: General Requirements**

1. Telecommuting employees are agents of the District of Columbia and are expected to adhere to CFSA and District policy, as well as all federal and District, state and local laws while working at alternative worksites.
2. Telecommuting shall be limited to no more than 2 days per work week, unless otherwise approved by the Director of CFSA. Telecommuting shall not be combined with an Alternative Work Schedule.
3. Telecommuting Work Agreements shall be for the period specified in the Agreement. A new Agreement shall be required when the old agreement expires, and if there is a change of the employee's work unit. A new Agreement may be required if there are any significant changes in the employee's work load. If there is any other change to the Agreement, an addendum shall be prepared and be signed by the employee and the employee's deputy director. A copy shall be forwarded to CFSA's Human Resources and the appropriate labor management organization.
4. All requests for telecommuting shall be part of a scheduled tour of duty. Telecommuting days may be reassigned with the prior approval from the employee's supervisor.
5. Telecommuting shall not serve as a substitute for child or adult care. If children or adults are in need of care at the alternative worksite during an employee's work hours, some other individual must be present to provide the primary care.
6. Telecommuting shall not be used in place of leave. Eligible employees and supervisors shall observe all pertinent time and attendance, leave, and pay regulations and policies when an employee participates in the Telecommuting Program. Overtime and compensatory time, or exempt time off, and leave shall require advance approval under existing procedures and or policies.
7. Telecommuting employees who are not exempt from the overtime requirements of the Fair Labor Standards Act shall be required to record all hours worked in a manner designated by CFSA.  
*Note: Participating employees shall be held to a higher standard of compliance than office-based employees due to the nature of the work arrangement. Hours worked in excess of those specified per day and per work week, in accordance with District and Federal requirements and union work rules, shall require the advance approval of the supervisor. Failure to comply with this requirement may result in the immediate cessation of the Telecommuting Work Agreement.*
8. Telecommuting employees shall be as accessible while teleworking as they would be at the central worksite. Employees shall have a return response time of one hour for both telephone calls and e-mails that warrant a response.

<b>POLICY NUMBER/TITLE</b>	<b>CHAPTER NUMBER/TITLE</b>	<b>PAGE NUMBER</b>
Telecommuting	General Administrative Policies	Page 6 of 9

	<p>9. Under extenuating circumstances, a supervisor may request an employee to report back to the central worksite while teleworking. The employee must report to the central worksite within 2 hours of the request.</p> <p>10. Telecommuting employees shall attend office meetings in person, or when appropriate, via conference call (if approved by the employee's supervisor).</p> <p>11. Work performed at the alternative worksite shall be performed with the same degree of professional etiquette as if the work is performed at the central worksite.</p> <p>12. Telecommuters will not be able to access documents on the network or save to the network while at their alternative worksite. Telecommuters may transmit documents to an external storage device or email necessary documents to themselves from the network in accordance with HIPAA requirements.</p> <p><i>Note: Under no circumstances shall a telecommuter save or copy FACES.NET, placement, service provider or client information on a floppy disk, CD Rom, USB drive (flash drive) or other storage device unless the data is encrypted and password protected.</i></p> <p>13. Confidentiality of CFSA and client information shall be maintained at all alternative work sites, consistent with CFSA's expectations of information asset security for employees working at their central worksite and in accordance with federal and District laws and regulations.</p> <p>14. Telecommuting employees shall ensure that confidential CFSA and customer/client information are protected when at their alternative work site. Steps include, but are not limited to, use of locked file cabinets, secure CD boxes and desks, regular password maintenance, and any other steps appropriate for the job and the environment.</p> <p>15. Employees shall comply with all required physical and information technology security measures while teleworking, to include but not limited to CFSA's HIPAA policies and procedures, and disclosure laws and/or regulations so that at no time are security or Privacy Act requirements compromised.</p> <p>16. Employees shall immediately notify their supervisor of any accident or injury that occurs at the alternative worksite during the course of the scheduled work period.</p>
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POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Telecommuting	General Administrative Policies	Page 7 of 9

	<p><b>Procedure E: Equipment Requirement for Telecommuting</b></p> <p>Specialized material or equipment needed to participate in the Telecommuting Program should be minimal. As this is a voluntary program, employees requesting to telecommute are expected to have the equipment required to perform their normal duties, including a computer with access to high-speed internet, and, if applicable, a facsimile machine.</p> <ol style="list-style-type: none"> <li>1. Equipment supplied by the employee shall be maintained by the employee. CFSA accepts no responsibility for damage or repairs to employee-owned equipment. CFSA also reserves the right to make determinations as to recommended equipment and software, subject to change at any time.</li> <li>2. Equipment, work product, and supplies provided by CFSA are the property of the District of Columbia and shall be maintained and used solely for work purposes. CFSA shall replace or repair damaged government-owned property contingent upon individual circumstances and/or general wear and tear.</li> </ol> <p><i>Note: the government of the District of Columbia does not support Microsoft Vista.</i></p>
	<p><b>Procedure F: Inspections</b></p> <ol style="list-style-type: none"> <li>1. The supervisor or a Human Resources (HR) representative may make an on-site inspection to the employee's alternative worksite, at periodic intervals, for the purposes of determining that the site is safe, free from hazards, and to maintain repair, inspect or retrieve agency-owned equipment, software, data, or supplies.</li> <li>2. If the telecommuting employee is represented by a labor organization, he or she may request that a labor representative accompany the supervisor or HR representative to the on-site inspection.</li> <li>3. The supervisor or HR representative shall provide the employee with at least 24 hours notice of the inspection.</li> <li>4. Inspections shall occur during the employee's scheduled work hours.</li> </ol>
	<p><b>Procedure G: Responsibilities of the Agency Telecommuting Program Coordinator</b></p> <p>Each deputy director electing to allow telecommuting for their employees must designate a Telecommuting Program Coordinator. The Telecommuting Program Coordinator is responsible for all of the following duties:</p> <ol style="list-style-type: none"> <li>1. Provide all necessary forms and evaluation materials related to telecommuting to employees and supervisors.</li> <li>2. Maintain an electronic list of participants and telecommuting records.</li> </ol>

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Telecommuting	General Administrative Policies	Page 8 of 9

	<ol style="list-style-type: none"> <li>3. Ensure employee and CFSA compliance with the Telecommuting Policy.</li> <li>4. Ensure that supervisors complete the “Telecommuting Status Report” (Attachment E) at the end of the period specified in the Telecommuting Work Agreement.</li> <li>5. Provide guidance to participants and supervisors regarding CFSA’s Telecommuting Program.</li> <li>6. Ensure that training on telecommuting is provided as needed.</li> <li>7. Prepare relevant data and narrative for an annual Telecommuting Program Status Report to be submitted to the Director of CFSA and the District’s Department of Human Resources. The annual status report shall summarize the status and efficiency of CFSA’s participation in the Telecommuting Program.</li> <li>8. Prepare relevant data and narrative on CFSA’s Telecommuting Program for inclusion in CFSA’s Annual Report.</li> <li>9. Provide the Human Resources Administration with quarterly reports of all employees under each deputy director participating in the Telecommuting Program.</li> </ol>
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<b>POLICY NUMBER/TITLE</b>	<b>CHAPTER NUMBER/TITLE</b>	<b>PAGE NUMBER</b>
Telecommuting	General Administrative Policies	Page 9 of 9

## DEFINITIONS

1. **Alternative Worksite** - A worksite other than an employee's "Central Worksite" such as the employee's residence, a telecommuting center, or a facility established by the District government for use by telecommuters. The alternative worksite must be approved by the employee's supervisor and agency head.
2. **Alternative Work Schedule** - Means both flexible work schedules and compressed work schedules.
3. **Central Worksite**- The place at which the employee is required to perform the official duties of his or her position.
4. **Telecommuting/Telework**- An arrangement in which an employee regularly or during a declared emergency, performs officially assigned duties at home or other worksites geographically convenient to the employee's residence and approved in advance and in writing by the employee's immediate Supervisor of the employee participating in the Telecommuting Program.
5. **Telecommuting Work Agreement** - A written agreement between an employer and an employee that details the terms and conditions of the employee's work away from his or her "Central Worksite".
6. **Work Week** - The number of hours worked or required to be worked in one week.

## CFSA COMPUTER REQUIREMENTS AND RECOMMENDATIONS

### 1. Recommended Computer Requirements:

- a. Intel® Core™ 2 Duo Processor E6850 (3.0GHz, 4M, VT, 1333MHz FSB)
- b. SYSTEM OPTIONS
  - i. Operating System(s): Windows® XP Professional, SP2, x32, with Media, English
  - ii. Memory: 1.0GB DDR2 Non-ECC SDRAM, 667MHz, (1DIMM)
  - iii. Video Card: Integrated Video, Intel® GMA3100
  - iv. Port Adapter: None
  - v. Controller Options: None
  - vi. Monitors: Analog/VGA/DVI
  - vii. Keyboard: Multimedia Keyboard
  - viii. Mouse: Mouse
  - ix. Boot Hard Drives: 160GB SATA 3.0Gb/s and 8MB DataBurst Cache™
  - x. Floppy Drive and Media Reader: 1.44MB 3.5 Inch Slimline Floppy Drive
  - xi. Removable Media Storage Devices: 8X Slimline DVD+/-RW Roxio Creator™  
CyberlinkPowerDVD™

### 2. Recommended Software for Optimal FACES.net Performance:

- a. Intel Core2 Duo, 3.00 GHz, 4 GB RAM
- b. Windows 7 Professional / Home Edition
- c. Internet Explorer 8
- d. Adobe Acrobat Reader 9.0 – required for viewing reports that are printed in .pdf format
- e. Microsoft Office 2007 or Word Viewer. This is required to view reports/forms printed in .doc format
- f. Fax Viewer (Windows Fax Viewer) – only required for those PCs that need to view scanned documents.

### 3. Requirements For Personal Computers:

- a. Anti-virus software per CFSA HIPAA Virus Protection Policy
- b. High speed internet connection

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Private Agency**



**TELECOMMUTING APPLICATION**

**SECTION A**

**PART I: Employee Information**

Name: \_\_\_\_\_ Division: \_\_\_\_\_

Position Title/Series/Grade: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Home Location: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Office Location: \_\_\_\_\_ Miles from Office to Home: \_\_\_\_\_

**PART II: Briefly describe your current job responsibilities: (Use additional sheets if necessary)**

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**PART III: Review the below job characteristics and then rate each according to your current job requirements. Check each job requirement based on the level of importance (high or low).**

Job Requirements	High	Low
1. Ability to control and schedule work	<input type="checkbox"/>	<input type="checkbox"/>
2. Clear and understandable work assignment objectives	<input type="checkbox"/>	<input type="checkbox"/>
3. Work autonomy	<input type="checkbox"/>	<input type="checkbox"/>
4. Concentration required	<input type="checkbox"/>	<input type="checkbox"/>
5. Personal computer or terminal work	<input type="checkbox"/>	<input type="checkbox"/>
6. Amount of face-to-face interaction required	<input type="checkbox"/>	<input type="checkbox"/>
7. Amount of telephone communications required	<input type="checkbox"/>	<input type="checkbox"/>
8. Amount of in-office reference materials required	<input type="checkbox"/>	<input type="checkbox"/>
9. Amount of data security required	<input type="checkbox"/>	<input type="checkbox"/>

\*High ratings for items 1 thru 5 and low ratings for items 6 thru 9 indicate the likelihood that the job is compatible with a telecommuting arrangement.

**PART III: Briefly describe how you meet the criteria to participate in the *Program*, including equipment requirements. Continue on additional pages if needed.**

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**PART IV:** How will telecommuting assist you in meeting the goals and needs of your work unit and CFSA?

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**PART V:** How often would you want to telecommute? Check one:

- 1 day a workweek                       2 days a workweek

**PART VI:** On which day(s) would you like to telecommute? Check no more than two:

- Monday                                       Thursday  
 Tuesday                                     Friday  
 Wednesday

**PART VII:** Specify the types of assignments/projects you expect to do while telecommuting.

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Name printed: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

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**SECTION B**

**PART I:** This section is to be completed by the Supervisor

<b>Job Requirements</b>	<b>Yes</b>	<b>No</b>
1. Is frequent face-to-face contact with clients/coworkers vital in order to complete task(s) or activities listed in Part VI above of this form?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is frequent supervisory review, while work is in progress, required as a routine part of tasks(s) or activities listed in Part VII above of this form?	<input type="checkbox"/>	<input type="checkbox"/>
3. Would security or technical reasons prevent information from being used outside of the work environment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the most recent official performance rating below "Meets Expectations" or "Satisfactory?"	<input type="checkbox"/>	<input type="checkbox"/>
5. Will sensitive information be processed or transmitted in clear text over networks?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there other concerns that might adversely affect the employee's participation in the Telecommuting Program?	<input type="checkbox"/>	<input type="checkbox"/>

**PART II:** Answering “YES” to any of the above questions may result in the application being disapproved. The supervisor must explain, in writing, any “YES answers.” Continue on additional pages if needed.

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**PART III:** Does the employee satisfy the minimum computer requirements as listed in Attachment B.

- Yes  No

**Part IV:** Supervisor’s Final Recommendation:

- Approve as submitted  
 Approve with modifications (Please specify any modifications below)  
 Disapprove (If the recommendation is to disapprove request, Supervisor **must** select reason(s) for disapproving the request listed below and specify reason(s) below)  
 Attendance  Job Performance  Insufficient Unit Coverage  Other (provide explanation below)

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Name printed: \_\_\_\_\_

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date

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### SECTION C

**This section is to be completed by the CFSA Director (or designee)**

Approving Official: \_\_\_\_\_

- Approve  Disapprove (Specify reason(s) below):

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Name printed: \_\_\_\_\_

\_\_\_\_\_  
Approver’s Signature

\_\_\_\_\_  
Date

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Private Agency**



**TELECOMMUTING WORK AGREEMENT**

**I. PREAMBLE**

I, \_\_\_\_\_ (*Employee*), request permission to participate in the \_\_\_\_\_ (Print Name) Child and Family Services Agency (CFSA) *Telecommuting Program (Program)*, and to perform my job duties at an alternative worksite. If approved, I agree to act in accordance with the *Telecommuting Work Agreement (Agreement)*, and I understand that my failure to comply with the terms of the *Agreement* may result in my termination from the *Program*.

**II. TERMS AND CONDITIONS**

1. *Employee* agrees to participate in the *Program* for a period not to exceed 6 months, beginning \_\_\_\_\_ and ending \_\_\_\_\_. This *Agreement* may be extended for 6 months, based on supervisory approval. If extended, the terms of this *Agreement* should be reviewed and modified, as necessary.
2. *Employee's* central worksite is: \_\_\_\_\_
3. *Employee's* alternative worksite is: \_\_\_\_\_
4. Describe in detail the designated work area at the alternative worksite:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. At the central worksite, *Employee's* work hours and tour of duty will be from \_\_\_\_\_ to \_\_\_\_\_, on the following days: \_\_\_\_\_.
6. At the alternative worksite, *Employee's* work hours and tour of duty will be from \_\_\_\_\_ to \_\_\_\_\_, on the following days: \_\_\_\_\_.
7. In extenuating circumstances, *Employee* must report back to the central worksite *within 2 hours of the supervisor's request*.
8. *Employee's* time and attendance will be recorded in the same manner as if s/he were performing official duties at the central worksite.
9. The supervisor will maintain a copy of *Employee's* work schedule, and *Employee's* time and attendance will be recorded in the same manner as if s/he were performing official duties at the central worksite.

### **III. WORK STANDARDS AND PERFORMANCE**

1. The *Employee* will meet with the supervisor to receive assignments or projects and to review completed work as necessary and appropriate. All assigned work will be completed according to work procedures as directed by the supervisor, and according to guidelines and expectations stated in *Employee's* performance plan.
2. The supervisor will evaluate *Employee's* job performance in accordance with *Employee's* performance plan.
3. *Employee* agrees to limit performance of his or her officially-assigned duties at the alternative worksite to assignments or projects, approved by the supervisor. *Employee* shall provide updated contact/location information for any alternative worksite. *Employee* shall also respond to any work-related voice mail or electronic mail within one hour or less.
4. *Employee* agrees not to utilize his or her telecommuting work schedule as a substitute for child or adult care. If children or adults in need of primary care are at the alternative worksite during an employee's work hours, some other individual must be present to provide the care.
5. *Employee* will apply approved safeguards to protect CFSA or District government records from unauthorized disclosure and damage, and will comply with the confidentiality provisions of District and Federal law, D.C. Personnel Regulations, and relevant Agency policies or procedures at the alternative worksite. Additionally, *Employee* shall strictly adhere to the District's and CFSA's HIPAA Privacy and Security Policies regarding proper storage and maintenance of client case files containing protected health information ("phi"), as well as, employing proper security practices when transmitting phi electronically at the alternative worksite.

### **IV. COMPENSATION AND BENEFITS**

1. *Employee* will continue to work in a pay status while working at his or her alternative worksite. All salary rates, leave accrual rates, and travel entitlements will remain as if *Employee* performed all work at the central worksite.
2. *Employee* understands that overtime work must be approved in advance by his or her supervisor. If *Employee* works overtime that has been approved in advance, s/he will be compensated in accordance with CFSA and D.C. Personnel Regulations, applicable law, Agency policy and, where applicable, the collective bargaining agreement.
3. By signing this *Agreement*, *Employee* agrees that failing to obtain approval for overtime work may result in his or her non-payment for that time period, removal from the *Program*, or other appropriate action.
4. *Employee* must obtain supervisory approval before taking leave, in accordance with established office procedures. By signing this form, *Employee* agrees to follow established procedures for requesting and obtaining approval of leave.

## **V. EQUIPMENT/EXPENSES**

1. If *Employee* uses CFSA equipment and/or supplies, he or she agrees to protect such equipment and supplies in accordance with District law and regulations and CFSA policy and guidelines. District government-owned equipment that is currently being used must have fixed asset tags and signature and will be serviced and maintained by CFSA.
2. If *Employee* provides equipment, he or she shall ensure that such equipment, (including his or her personal computer with Anti-Virus software, internet connection, telephone, voice mail, fax machine, cell phone, etc.), is operational and software patches and/or updates are regularly installed and maintained. (See *Attachment B* for further requirements)
3. Neither CFSA nor the District government will be liable for damages to *Employee's* personal or real property during the course of performance of official duties or while using District government equipment at the alternative worksite.
4. Neither the CFSA nor the District government will be responsible for operating costs, home maintenance, or any other incidental cost (e.g., utilities) associated with the use of *Employee's* residence as an alternative worksite.

## **VI. SAFETY**

1. *Employee* shall ensure that the alternative worksite is safe and complies with all applicable federal, state and local laws. Management may deny participation in the *Program* or rescind the *Agreement* based on verified safety problems at the alternative worksite.
2. *Employee* shall immediately notify his or her supervisor of any work-related injury that occurs at the alternative worksite during the assigned work hours.

## **VII. INSPECTIONS**

1. *Employee's* supervisor or Human Resources (HR) representative may make an on-site inspection of *Employee's* alternative worksite at periodic intervals, during *Employee's* normal working hours, for the purposes of determining that the site is safe, free from hazards, and to maintain repair, inspect or retrieve agency-owned equipment, software, data or supplies.
2. If *Employee* is in a position represented by a labor organization, he or she may request that a labor representative accompany the supervisor or HR representative to the on-site inspection.
3. The supervisor or HR representative shall provide *Employee* with at least 24 hours notice of the inspection.

## **VIII. INDEMNIFICATION**

*Employee* agrees to indemnify and hold harmless CFSA, the District government, its employees, agents and officers from any and all liability for personal injury or any claim for compensation whatsoever that may be filed against CFSA, the District government, its employees, agents or officers, arising from any incident that occurs while *Employee* teleworks from his or her place of residence or other alternative worksite. This indemnification provision shall be null and void in the event *Employee* is not approved for participation in the *Program*. If the application is approved but is subsequently terminated, the indemnity provision shall no longer be in effect after the last day on which *Employee* was allowed to participate in the *Program*.

**IX. INITIATION AND TERMINATION OF AGREEMENT**

1. Employee agrees to adhere to this Agreement, CFSA's Telecommuting Policy and any other applicable guidelines and policies mutually known to *Employee* and *Employee's* supervisor.
2. The signature of the Director of the Child and Family Services Agency (or his or her designee) below indicates the Agency's concurrence with *Employee's* participation in the *Program*, and the Agency's intention to adhere to the *Agreement* and other applicable guidelines, policies, and procedures.
3. *Employee* may terminate participation in the *Program* at any time, subject to the terms of the *Agreement*. *Employee* shall provide at least 2 weeks advance notice to the Agency. When feasible, the Agency should also provide 2 weeks advance notice to *Employee*, but is not required to provide such notice.
4. The Agency may terminate *Employee's* participation in the *Program* at any time for reasons that include, but are not limited to, *Employee's* performance or the Agency's organizational needs. At specified times, the *supervisor* and *Employee* will complete surveys to evaluate the *Program*.
5. By signing below, *Employee* acknowledges that he or she has received a copy of CFSA's personnel policy on telecommuting.

**X. ALTERNATIVE WORKSITE INFORMATION**

*Employee's* alternative worksite address and telephone number:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Head (or Designee) Signature

\_\_\_\_\_  
Date

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Private Agency**



**TELECOMMUTING STATUS REPORT**

The following status report is designed to assess the overall performance of the Telecommuting Program. Each supervisor should complete a report on each participant in the program under his or her direct supervision at the end of the period specified in the *Telecommuting Work Agreement* (Attachment D). Upon completion the report should be submitted to the *Telecommuting Program Coordinator*.

Supervisor's Name: \_\_\_\_\_

Agency/Division: \_\_\_\_\_

Position Title/Series/Grade: \_\_\_\_\_

Name of Telecommuter you supervise: \_\_\_\_\_

Report Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Commuting Miles per Day (Round Trip): \_\_\_\_\_

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Please answer the following questions:

1. On the days your employee telecommutes, did he/she communicate with you for assistance or direction? If so, what were the reasons for the communication? Check all that apply:

	<b>Number of Calls or e-mails</b>	<b>Average Length of Communication</b>
<input type="checkbox"/> General work direction or questions	_____	_____
<input type="checkbox"/> Employee needed information to do work	_____	_____
<input type="checkbox"/> Equipment problems	_____	_____
<input type="checkbox"/> Schedule problems or changes	_____	_____
<input type="checkbox"/> Requested leave for personal illness	_____	_____
<input type="checkbox"/> Requested vacation leave	_____	_____
<input type="checkbox"/> Requested any other type of leave	_____	_____
<input type="checkbox"/> Other (please specify)	_____	_____

2. Did you notice any change in your employee's productivity during this report period? If so, what was the nature of the change? Check applicable answer:

- No change
- Increase in productivity in comparison to usual level
- Decrease in productivity in comparison to usual level

3. As a supervisor, did you experience any problems as a result of telecommuting? Check all that apply:

	Minor Problem		Major Problem	
	1	2	3	4
Communication with telecommuter was difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling meetings or conferences was difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complaints from co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complaints from colleagues outside of work unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complaints from public or officials from outside of Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee didn't work hours he/she was scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee worked too long while telecommuting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm not sure how much telecommuter accomplished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Indicate whether you notice any of the following advantages? Check all that apply:

	Minor Advantage		Major Advantage	
	1	2	3	4
Other employees could use the telecommuter's space and equipment during the day he or she was not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telecommuter's demeanor towards work or assignments has improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telecommuter was able to work even though he/she was mildly ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telecommuter used less vacation time than might have been expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. General comments (optional):

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Private Agency**



**TELECOMMUTING PROGRAM  
Request for Review of Application**

Any employee whose request for Telecommuting has been denied, adjusted, or revoked, or who has been removed from the Telecommuting Program by his or her immediate supervisor may submit a Request for Review to the Deputy Director of that particular administration within five (5) working days of receiving the decision. The review application must include a detailed justification substantiating the request for reconsideration. **A copy of the denied application must be attached.**

**Review Levels:**

- The review application must be submitted to the Deputy Director of that particular administration.
- The Deputy Director's decision is final.

**Employee Information**

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

**Reason(s) Employee is Requesting Review:** (Please attach additional sheets if necessary)

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Deputy Director's Decision:**

\_\_\_\_\_ Supervisor Decision Sustained      \_\_\_\_\_ Supervisor Decision Reversed

**Deputy Director's Rationale for Decision:** (Please attach additional sheets if necessary)

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Deputy Director's Name \_\_\_\_\_ (Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

cc: Union

Date of Receipt by Deputy Director: \_\_\_\_\_